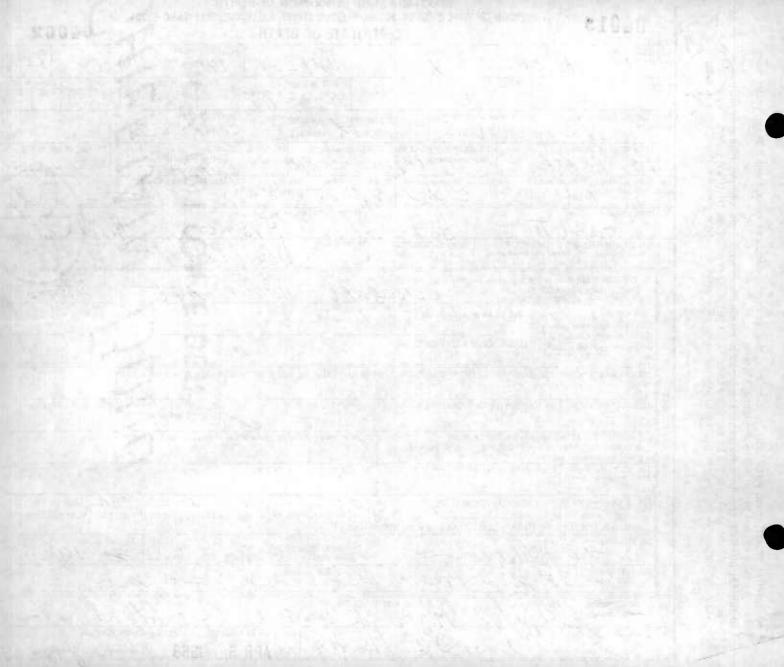
MAKILAND STATE DEPARTMENT OF DEALID DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04019 04002 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. (Type ar print) Month 3 / Day 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS the last birthday) OAYS HOURS the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Page 8-2 YRS burial, crematian, ar remaval, and in any event, within 72 haurs 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH country) CHARLE WIDOWED P DIVORCED [Md 120. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) INDUSTRY during mast af warking life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before CHTY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LUMPS? admission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle 16b SOCIAL SECURITY NO 17. INFORMANT ARMED FORCES? Address Yes, no. or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY HEMORKH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the lath priar tab by the haspital ar attending has been : 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🗌 of Health this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M detached State Dept. 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Nat while at wark at wark **DIRECTOR:** After , 196F, to_ 22a. I certify that (1) (this hospital) attended the deceased from 3 - 2/ sow the deceosed olive on 3 - 3/ 19 CF, and that in (my) (our) opinion death occurred on the date and hour and from the Page 4 may be retained directar, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the bady ofter death 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type) 23o. BURIAL, CREMINION 23b. DATE REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Gooch lang Milarles

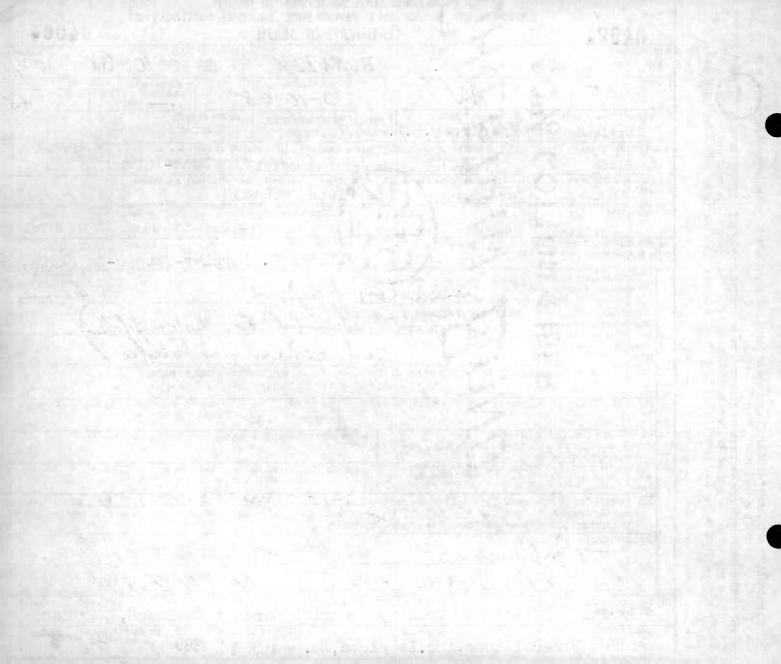


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04603 1. DECEASED-NAME First 2g. DATE OF DEATH 26. HOUR certificate be executed within 24 hours after death. (Type or prinMarv Eliza Betts 3-30-88th S. DATE OF BIRTH 22-1873 A RACE Negro 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Female last_birthday) DAYS HOURS signed by the attending physician and completely filled in by buriol-tronsit permit. Then pleose remove corban papers. Poburiol, cremotion, or removal, and in ony event, within 72 hours 7a. BIRTHPIACE (State or foreign country) Fairfax Co 9. COUNTY OF DEATH Charles County 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED TISA MES WIDOWERT DIVORCED [Bryans Road Md 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Housewife MANTEN 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 35 2RELADENTARE 11e odmission) STATE Baltimore Md. 13b. COUNTY. MYSK Baltimore 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost John Evans Julia Everett 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Mary Morton-Daughter-Bryans Road Md. (es, no, or unknown) UNKNOWN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cotonary Occlusion Immediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove MArterio Sclerosis Indefinite General rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause: Aging Process Indefinite PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Nat while at wark 22o. I certify that (I) (this hospital) attended the deceased from 5-23-68, 19 saw the deceased alive on 3-30-68 19, and that in (my) (cert) api ___, and that in (my) (our) apinion death occurred on the date and have and from the couses stated obave, (1) (We) (did) (did nat) view the body after death. 226 SIGNATURE 22c. DATE SIGNED 8 DEGREE DIRECTOR 22e ADDRESS Indian Head Md 22d PHYSICIAN'S NAME (Type) james E. Andrews 230 BURIAL CREMATION 23c. NAME OF DEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL Specify) temeter. Boston. VR A15 (4) 30M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

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MAKILAND STATE DEPARTMENT OF MEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04004 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Month / Do ROBIN 3. SEX 4. RACE detached far use as the burial-transit permit. Then please remave carban papers. Pages of the Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after 6. AGE (In years he lost birthdoy) MONTHS DAYS 3-10-68 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED (country) Maryland Charles U.S.A. WIDOWED DIVORCED requires that the death certificate be executed within 24 campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR estreet oddress). Physicians Memorial Hospital most of work work with distribution of the second state of INDUSTRY La Plata 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY La Plata NOT Y YES Charles Maryland 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost TII N Yuliis Gloria Jean William Burnley Samuel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Box 662 Address Yes, Nor unknown) (If yes give war or dates of service) None William S. Burnley-Father-La Plata, Md 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSOLIENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO C 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote O FUNERAL DIRECTOR: After this While Not while of work 220. I certify that (I) (this hospital) attended the deceased fram 3-10 saw the deceosed alive on 190 fand that in (my) (our) opinion deoth occurred on the date and hour ond from the couses stated above, (I) (we) (did) (did not) view the body after death. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) JOHNSON M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Freits) 1968 Trinity Memorial Gardens Waldorf, Maryland 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Arehart Funeral Home, Inc. La Plata, Md. DATE MAR 13 1968 30M REV. 1/68



10	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		04022 CERTIFICATE OF DEATH	04005
death. eral ond 2 oeath.		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Type or print) Henry Dashiell Burroughs 3-4ant 68 Doy	Yeor 5:15BM
the fun	3. SI	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 hours d in by pers. P	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Charles County	Md Md.
within 00	I	ndian Head Md 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if refired.) Retired—Govt. Worked	12b. KIND OF BUSINESS OR INDUSTRY
scuted complete some control of some control o	odm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before issiMaryland issiMarylan	Place
be exe		FATHER'S NAME First Middle Lost IS. MOIHER'S MAIDEN NAME First Middle Henry Pezry Burroughs IS. MOIHER'S MAIDEN NAME First Middle	Lost
rtificote physicio sn pleas val, on	160. N	(es no, or unknown) (If yes give war or dates of service) 20-44-0280 17. INFORMANT Son-Henry D. Burroughs Jr.	
eath cer nding p nit. The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Massive	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate
equires that the death certificate be executed physicion. signed by the attending physicion and complete buriol-transit permit. Then please remove carb burial, cremation, or removal, and in any event,		Conditions, if any, which gave tise to immediate cause (a), (b).Gastrointestinal Virus	12-Hours
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v requiing phy	N.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) None 420	
The lav attend attend has be se os the prior	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NOTE:	ISIDERED IN CERTIFYING
ICIAN: oital or tifficate d for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Ite HOUR A.M. Month Doy Year 19	m 18.)
PHYS he hosp this cel detache e Dept.	W	21d. INJURY OCCURRED While Not while at work 1 Variety of Tawn 1 Not while 1 N	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Poge 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complet director, page 3 should be detached for use os the buriol-transit permit. Then please remove to should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event		22a. I certify that (1) this the spitalt oftended the deceased fram 3-4-68, 19, 19, 10, 12, 14-68, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	, that (I) (We) last ond hour ond from the
OR ATT De retain IRECTO e 3 sho ed with		22c. DA	ATE SIGNED 5-68
TO HOSPITAL OF Poge 4 may b Poge 4 may b TO FUNERAL D director, poge should be file		22d. PHYSICIAN'S James E. Andrews MD 22e. ADDRESS Indian Head Md	
HOS HOS Posed of Fun	236.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL USecity 3/7/1968 St. Charles Cemetery Glymont . Ma	(County) (State)
4/19/68 P WRYORM		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 1980. REGISTRAR	aryland Green
30M REV 1/68	A	rehart Funeral Home, Inc La Plata, Md. DATE MAR	() ('

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MAKILAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04806 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE OF DEATH Last 2b. HOUR (Type or print) Month buriol-tronsit permit. Then pleose remove corban papers. Pages // buriol, cremotion, or removal, and in ony event, within 72 hours after 6. AGE (In years last birthday) 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS in by the MONTHS DAYS HOURS JAN YRS hour 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) HARLES WIDOWED TO DIVORCED [completely filled ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL ON MISSITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within street address) during most of working life, even if retired.) INDUSTRY (-0 CITY OR TOWN 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES NO 14 FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle and USHE attending physicion permit. Then pleose 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditians, if any, which gave) rise ta immediate cause (a). Page 4 may be retained by the hospital or ottending physicion. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to hos been os the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? USe YES I NO T director, page 3 should be detoched for use should be filed with the State Dept. of Health TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 20 March 19 68, and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** TO HOSPITAL OR DEGREE DIRECTOR PHYS. PHYS. 22H-PHYSICIAN'S 22e. ADDRESS NAME (Type) OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. tQCATION (City or Town) (County) (State) 2Sa. REC'L VR A15 (4) 30M REV. 1/68 DATE

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A	34024 Division of VIII	AL RECORDS, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		84.004
1	SED-NAME First	Middle Last	2g, DATE OF DEATH	04007
	or print) Ida Regina	COPSEY	March Month 7 Do	1908 11:55
	emale 4. RACE White	S. DATE OF BIRTH July 24, 189	6. AGE (In yeors lost birthday) 74 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	HPLACE (State or foreign 7b. (ITIZEN OF WHAT CO	OUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Charles	,
52	OR TOWN OF DEATH Plata 11. NAME Of give street Physi	FHOSPITAL OR INSTITUTION (If not in hospital address) Cians Memorial Hosp.	SUAL OCCUPATION (Kind of wark dane mast of warking life, even if retired.) OUSEWLIE	12b. KIND OF BUSINESS OR INDUSTRY Domestic
08	AL RESIDENCE (Where deceosed lived, if institution: Fin) STATE Md. 13b. COUNTY Chaj			
1	ER'S NAME First Middle	Last 15. MOTHER'S MAIDEN NAM		Last
1	Robert Murphy	Ida Pilker	ton	
Î		SOCIAL SECURITY NO. 17. INFORMANT	Indian Mead.	Md.
	o, or unknown) (If yes give war ar dates of service)	2-18-9629 James Luthe	r Copsey 12 Kenwoo	d Place
1	CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	ditians, if any, which gove to immediate couse (a),		die vasule des	en squax
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	, , (()	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C	OP CONDITION CIVEN IN PART 1/a)	
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1		YES NO	CAUSES OF DEATH?	
4	ACCIDENT WAS UNDERLYING 216. TIME OF INJU		nter nature of injury in Part 1 ar Part 2,	Item 18.)
1	either, notify medical examiner) P.M.	onth Day Year 19		
١	d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HI nile Nat while 1	OME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. E BUILDING, ETC.	No. City or Town	County State
I	o. I certify that (I) (this hospital) attende	d the deceased from 7 Man, 19	lex, to Man, 19	68 , that (1) (we) la
	saw the deceased alive on causes stated above, (I) (we) (did) (did	and that in (my) (aux)	ppinion death accurred an the do	te and hour and fram t
1	signature	view the bady offer death.	11:53/20	DATE SIGNED
	Manda	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	Mar 1968
	PHYSICIAN'S	22e. ADDRESS	1120 112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	NAME (Type) ARTHUR O!	WOODDY LAPE	AIA, NIV	
I	RIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
	WOVAL (Specify) Urial 3-11-68	Sacred Heart	ta Plata Charle D BY REGISTRAR AR 1 4 1968	s Md.
5	ERAL DIRECTOR ntt Funeral Home Waldor	f, Md. 20601 250. RECT	D BY REGISTRAR 25b. REGISTRAR'S AR 1 4 1968	SIGNATURE .
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MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04608 CERTIFICATE OF DEATH DECEASED-NAME Middle First 2g. DATE OF DEATH Pages 1 and 2 2b. HOUR haurs after death (Type or print) Manth 4. RACE 6. AGE (In years last birthday)
27 27 YRS. 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS 70. BIRTHPLACE (Stote or foreign country) Markey 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA CHARLES WIDOWED [DIVORCED [24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within during most of working life, even if retired.) INDUSTRY burial, crematian, ar remaval, and in any event, witl campletely remove carbar 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER certificate be executed NOF 14. FATHER'S NAME and Middle 15. MOTHER'S MAIDEN NAME First Middle (2 VSC physician (160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lyotan requires that the death DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) Ilemor in signed by the burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the priar to b 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X far use Health YES 🗌 fo FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year detached for the Dept. of H (If either, notify medical examiner) P.M State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while ot work 22a. I certify that (I) (this haspital) attended the deceased from I March be retained by saw the deceased alive an S March 1968, and that in (my) (our) opinion death accurred on the date and haur and from the directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING PHYS. TO HOSPITAL OR Page 4 may be r DIRECTOR 22e. ADDRESS NAME (Type) CEMETERY OR CRIMATORY / PURP 230 BURIAL CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR DATE MAR 30M REV. 1/68

POOPLE .. CERTEX STREET BY 1748 113 CHARGES Myoradist infustron 10 horas Thumber Townson Turner in melicotinum 8 March 48 1 March 65 8 March 60 -Drivelly 4D Ellewell I.S. ARTHUR O. LUGOODY, M.D. LAPLATA KARYERIO ZOGYL Bornestey make -67 C - A-L-6-

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9	15-68 mt DIVISIO	N OF VITAL RECORDS, 301	W. PRESTON STREET, BA		AND 21201	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN HEALTH DEPT. (Type or Prior rank Month Doy 2b. HOUR ESTI-A. Norville 7:30 Pm DEATH MATED 6. AGE (In years IF LINDER | YEAR IF LINDER 24 HRS Male 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR W-US 8-25-1897 PM3. Month - 5-1988 19 7 : 30PM with the Stote Depart 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH with form Charles County Md "Maryland DIVORCED DE WIDOWED X 8. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (Kind of work done give street address)
Physicians Memorial during most of working life, even if retired.) Farming XIM LaPlata Md Hosp along death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Piney Church Rd. Rt=1 Charles County YES X NO and 2 Office 15. MOTHER'S MAIDEN NAME First Roaalia Kedzirski 14. FATHER'S NAME Middle East Stanislaus Norville hours Norvelle-Brother202-Wampler Rd 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) John File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Immediate IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave Arterio Sclerosis General Indefinite rise to immediate cause (a). should writing the word Ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Indefinite .= (Aging Process forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) NOT WHILE AT WORK AT WORK FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autapsy Inquiry Inspection and in my apinion death resulted from: Natural causes 3 Accident Suicide Hamicide Undetermined manner please CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-6-1968 DEPUTY MEDICAL EXAMINER Heolth James E. Andrews ADDRESS(Street, city, town, or county) Indian Head the 50 NAME OF CEMEPERY OR CREMATORY LOCATION (City or Town) (Stote) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1968

MAKYLAND STATE DEPAKIMENT OF HEALTH

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FOR STATE		4/1/68 kk 04023 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04012
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hin 24 hours after death any delay not in Item 18. Give Pager 1, 22 and 3 niner's Office along with form PMB. Pages I ond 2 with the State Department hours ofter death.	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 136. STREET AND NUMBER dmission STATE 13b. COUNT Charles Indian Head y 10 No Pot Hts Indian Head y 10 No Pot Head y 10 No	t Place dian Head Md
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ro DEPUTY SICA Necessary, please extremely the funeral director. 5 may be retained to FUNERAL DIRECTOR Health prior to burners.	00	NAMINARY James E. Andrews Indian Head Md ADDRESS (Street, city, town, or county) India	
07 # 20 # # 20	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVALUS Pecify 3/28/1968 Lakeview Mem. Park Greensboro	(County) (Stote) , North Carol
	24.	award a state of	R'S SIGNAPIRE
VR A15ME (5) 10M REV, 1/68	Aj	rehart Funeral Home, IncLa Plata, Md. DATE 110 27 1968	The Daniel

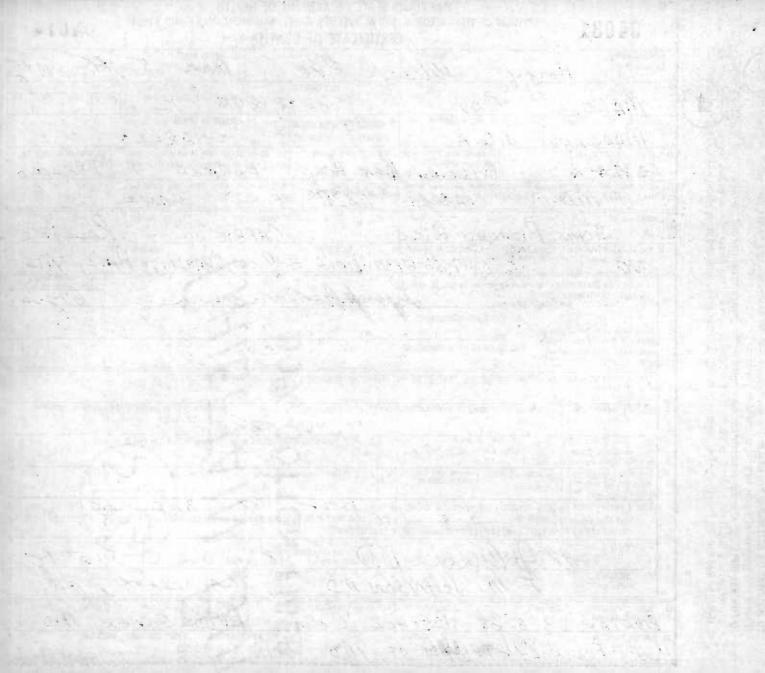
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-Poge George DEATH MATED March Proctor 9:58 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, u. PM3. partmen Month May 8,1913 male 54 YRS negro 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH poges 1 and 2 with the State De in Item 18. Give Pages 1, Office along with farm Maryland WIDOWED [DIVORCED [24] Charles 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CTY OR TOWN 13d. INSIDE CITY EIMITS? 13e. STREET AND NUMBER 13b. COUNTY Tompkinsville YES NO ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle EYA George hours Proctor YERKI 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT in pencil ADDRESS certificate should be executed within (Yes, no, or unknown) (If was give wor or dates of service) -10-6132 GROYGET Procter LUAShingto within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. pe YES [NO F 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M PRIMARY CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, affice building, etc.) WHILE AT WORK AT WORK FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection | Inquiry and in my apinian death resulted fram Natural causes Suicide [Hamicide Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health **EXAMINER'S** NAME (Type) DDRESS(Street, city, tawn, or county) BURIAL CREMATION, 23d. LOCATION (City or Town) (County) KEMOVAL (Specify) 4-2-68 Chricemetery FUNERAL HOME VR A15ME (5)

MAKTLAND STATE DEPARTMENT OF HEALTH

BIDEL 212-10-1022 Commer & Parenter Described to 1.2-68 miles

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04031 0461 CERTIFICATE OF DEATH 20. DATE OF DEATH Manth 5 1. DECEASED-NAME First Middle Lost death. puo (Type or print) 100 arr 4 RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) DAYS HOURS within 24 hours aff 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) completely filled in director, page 3 should be detoched for use os the burial-tronsit permit. Then pleose remove corbon papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, ond in ony event, within 72 h WIDOWED [DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 13c CITY OR TOWN 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? requires that the deoth certificate be executed ARLOTTE 13b. COUNTY YES 🖂 NO [NONE 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle First Last and physicion 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Address (If yes give war or dates of service) Yes, ng, of unknown) IOLA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retoined by the hospital or ottending physician. stating the underlying causes lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO P 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 12 28 _19 do, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on.... couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23da LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE (County) SEMOVAL (Specify) 0 FUNERAL DIRECTOR DATE MAR



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		04032 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04815	
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWNX Month	Doy Year	2b. HOUR
ge d is		Type or Print) CHARLES ENGLE WILLIAMS OF ESTI- DEATH MATED 3-6	19 68	. ,
1 (1)	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOLINGED DEAD	- 00	2d. HOUF
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hours after death Item 18. Give Pages Office along with far land 2 with the State after death.	14. [ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last	
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CAL exe exe or. F TOR urio	13.	22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry death resulted fram: Natural causes X, Accident , Suicide , Homicide Undetermined manner	, and in my	apinior
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ITY please ry, please eral direct be retaine RAL DIRECT priar ta l	-	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE S	CIGNED	
UTY, Sry, Derg Pri		SIGNATURE M.U.		
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S Charles S. Springate, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER	7, 1968	
TO DEPUT necessar the fune 5 may b TO FUNER Health	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Sto	ate)
		Burial March 10,1968 Shad Point Cemetery Salisbury, Wicomi	, ,,	,
N.	24.	FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	IGNATURE	
VR A15ME (5)		HOLLOWAY & COMPANY, SALISBURY, MARYLAND DAVAR 1 2 1968 Actions	es Judge	-

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